

CITY OF MILWAUKEE
PROPERTY RECORDING APPLICATION
(As required by City Ordinance 200-51.5)

SECTION 1: TYPE OF APPLICATION (See Section 1 instructions) PLEASE TYPE OR PRINT IN INK!

- ☆ Original recording - \$35 fee for each property (taxkey).
- ☐ Change of ownership application - \$35 fee for each property (taxkey). MUST COMPLETE NEXT LINE!
Date of property sale or transfer: \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year).
(If not recorded within 15 days of transfer/sale, fee doubles to \$70 for each property (taxkey).)
- Update application previously submitted - No fee if voluntarily submitted within 15 days of change.
Enter date of application change here: \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year) and check the appropriate box (es) below:
- Ownership address or phone change (Section 3 change) ○ Correcting previous error. Describe \_\_\_\_\_.
- Registered Agent, Operator or Primary Contact change (Sections 3B, 4, 5) ○ Other change to existing application.
Describe \_\_\_\_\_.

SECTION 2: PROPERTY DESCRIPTION (See Section 2 instructions)

Taxkey Number \_\_\_\_\_ Property Address \_\_\_\_\_ # Residential Units \_\_\_\_\_
ADDITIONAL PROPERTY LIST ATTACHED (Y/N) \_\_\_\_\_ NUMBER OF PROPERTIES ON ATTACHED LIST \_\_\_\_\_

SECTION 3: OWNERSHIP INFORMATION (FILL OUT THE APPROPRIATE SECTION BELOW)

● ← CHECK HERE IF THIS PROPERTY IS OWNED BY MORE THAN 2 OWNERS.
ATTACH A SIGNED AND NOTARIZED LIST OF ALL ADDITIONAL OWNERS
IN THE FORMAT SHOWN IN SECTION 3A OR 3B.

3A: Owned by Person (s) (See Section 3A instructions)

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OWNER 1: If property is jointly owned such as husband and wife, each name must be listed separately below as Owner 1 & Owner 2.

Last Name First Name MI Jr., III, etc. Date of Birth: \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year)

Street Address City State Zip Code

Check One: ADDRESS - Home ( ) PHONE - Home (\_\_\_) \_\_\_-\_\_\_-\_\_\_
Business ( ) Business (\_\_\_) \_\_\_-\_\_\_-\_\_\_

Ownership Type MUST be selected: (CHECK ONLY ONE)
( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - Specify \_\_\_\_\_

PREFERRED MAILING ADDRESS (optional):

PO Box or Street Address City State Zip Code

“Doing Business As” Name (Optional) : \_\_\_\_\_

OWNER 2:

Last Name First Name MI Jr., III, etc. Date of Birth: \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year)

Street Address City State Zip Code

Check One: ADDRESS - Home ( ) PHONE - Home (\_\_\_) \_\_\_-\_\_\_-\_\_\_
Business ( ) Business (\_\_\_) \_\_\_-\_\_\_-\_\_\_

Ownership Type MUST be selected: (CHECK ONLY ONE)
( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - Specify \_\_\_\_\_

PREFERRED MAILING ADDRESS (optional):

PO Box or Street Address City State Zip Code

“Doing Business As” Name (Optional) : \_\_\_\_\_

(Don’t forget! – At least one owner must sign in Section 6)

3B: Owned by Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership as registered with the Wisconsin Department of Financial Institutions (See Section 3B instructions)

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Check One: ☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company, ☐ Limited Liability Partnership
(Registered agent & WI CORP. ID # required)

Business Phone (\_\_\_) \_\_\_-\_\_\_-\_\_\_

Name of Corporation, Limited Partnership, or Limited Liability Company or Limited Liability Partnership

Registered Agent’s Last Name First Name MI Jr., III, etc. Wis. Corp. Div. I.D. #

Street Address City State Zip Code
Corp., LP’s,LLC’s or LLP’s Address (as recorded with the State file)

Ownership Type MUST be selected: (CHECK ONLY ONE)
( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - specify \_\_\_\_\_

PREFERRED MAILING ADDRESS (optional):

PO Box or Street Address City State Zip Code

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3C: Owned by Trust, Estate or Other

(See Section 3C instructions)

Check One: ☐ Trust ☐ Estate ☐ Other (specify) \_\_\_\_\_

\_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_-\_\_\_\_

Name of Trust, Estate or Other \_\_\_\_\_

Trustee or Personal Representative's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Jr., III, etc. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Corp., LP's, LLC's or LLP's Address (as recorded with the State file) \_\_\_\_\_

Ownership Type **MUST** be selected: *(CHECK ONLY ONE)*  
( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - specify \_\_\_\_\_

PREFERRED MAILING ADDRESS (optional): \_\_\_\_\_

PO Box or Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

SECTION 4: OPERATOR

(See Section 4 instructions)

(Person who rents to tenants or has charge, care, or control of the building.)

Check One: ☐ Person ☐ Other (Specify) \_\_\_\_\_

**Registered agent & WI CORP. ID # required for the following**

☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company, ☐ Limited Liability Partnership

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Jr., III, etc. \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check One: ADDRESS – Home ( ) **PHONE – Home** (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Business ( ) **Business** (\_\_\_\_) \_\_\_\_-\_\_\_\_

REGISTERED AGENT OF CORP., LP, LLC OR LLP

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Wis. Corp. Div. I.D. # \_\_\_\_\_

**Code Violation Liability Statement**

I, \_\_\_\_\_, as operator for all properties  
(Print Name Please)

recorded pursuant to Ord. 200-51.5 and listed herein, acknowledge that I may be held liable for violations of the Milwaukee Code of Ordinances for Orders issued to me regarding these properties.

Operator's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of notarial Officer (Seal ,if any)

My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

SECTION 5: PREFERRED PRIMARY CONTACT

(See Section 5 instructions)

If the preferred primary contact is one of the people listed in Sections 3 or 4 you need only enter their name in this section.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Jr., III, etc. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check One: ADDRESS – Home ( ) **PHONE – Home** (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Business ( ) **Business** (\_\_\_\_) \_\_\_\_-\_\_\_\_

SECTION 6: SIGNATURES

(See Section 6 Instructions.) All signature(s) below must be signed and dated in the presence of a notary. Notary will witness and affix signature and seal (if any).

The undersigned hereby attests to the above information as accurately describing the sale/transfer of the property to the best of their knowledge. Any falsification of information will result in enforcement of penalties prescribed in S 946.321(1) Wisconsin Statutes.

Owner 1 Signature \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner 2 Signature \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Officer of Corporation, Limited Partnership, Limited Liability Company or Limited Liability Partnership \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Trust, Estate or Other \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Title of above Signatory \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of notarial Officer (Seal ,if any)

My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE!: All attachments must be signed by at least one owner and notarized.

Make Check Payable to: CITY OF MILWAUKEE

Mail application to: PROPERTY RECORDING PROGRAM, Dept. of Neighborhood Services

841 N. Broadway RM 105, Milwaukee, WI 53202-3613